

**The Department of Early Learning  
Washington Early Support for Infants and Toddlers (ESIT) Program**

**P. O. Box 40970 | Olympia, WA 98504-0970**  
**VOICE (360) 725-3500 | TTY (360) 407-1087 | FAX (360) 725-3523**  
[www.del.wa.gov/esit](http://www.del.wa.gov/esit)

## Formal Dispute Resolution Request

NAME OF INDIVIDUAL/ORGANIZATION FILING COMPLAINT		DATE	
ADDRESS			
CITY STATE ZIP CODE			
CHILD'S NAME/DATE OF BIRTH		FAMILY RESOURCES COORDINATOR	LOCAL LEAD AGENCY
TELEPHONE NUMBER(S)	FAX NUMBER(S)	EMAIL ADDRESS	

The primary purpose of this form is to document the option(s) (mediation, due process hearing, and/or administrative complaint) selected in order to initiate the appropriate process to resolve a disagreement. Please provide the information requested on this form, sign, date, and return it to the address listed above. Parents may request assistance in completing this form by contacting their Family Resources Coordinator, Local Lead Agency, or Early Support for Infants and Toddlers program (ESIT) staff. Descriptions of the dispute resolution options are contained in the *IDEA Part C Procedural Safeguards (Parent Rights)* document.

### FORMAL DISPUTE RESOLUTION OPTION(S)

<input type="checkbox"/>	<b>Mediation Only</b> Mediation can be requested alone prior to filing a request for either a due process hearing or administrative complaint OR it can be requested at the same time as a due process hearing or administrative complaint. Check this box if you want to attempt to resolve this issue through mediation alone.
<input type="checkbox"/>	<b>Due Process Hearing</b> Check here if you initially want to attempt to resolve the dispute through Mediation prior to the due process hearing.
<input type="checkbox"/>	<b>Administrative Complaint</b> Check here if you initially want to attempt to resolve the dispute through Mediation prior to the investigation of the complaint.

PROVIDER/ORGANIZATION DISPUTE FILED AGAINST	
NAME	
ADDRESS	
CITY STATE ZIP CODE	
TELEPHONE NUMBER	EMAIL ADDRESS
OTHER PARTIES TO DISPUTE (IF APPLICABLE)	
STATEMENT OF DISAGREEMENT	
<p>Please provide a written description of the area(s) of disagreement (concerns related to the identification, evaluation and assessment, eligibility determination, placement of the child, provision of appropriate early intervention services to child or family, or alleged violation of Federal/State laws or state policies and procedures). Be as specific as possible.</p>	

### FACTS SUPPORTING STATEMENT OF DISAGREEMENT

Please provide a written description of the facts supporting your statement of disagreement and identify any pertinent information (i.e., IFSPs, written correspondence, evaluations/assessments) that may verify your concerns. Be as specific as possible

### SOLUTION(S) TO AREA(S) OF CONCERN

Please provide a written description of the steps that you would like to see taken to address your area(s) of concern. Be as specific as possible.

Please list the dates and timeframes that you are available over the next two weeks if you selected mediation and/or a due process hearing.

**Signature**

**Date**